

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 59th LEGISLATURE - REGULAR SESSION**

#### **JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**

**Call to Order:** By **CHAIRMAN CHRISTINE KAUFMANN**, on January 18,  
2005 at 8:05 A.M., in Room 472 Capitol.

#### **ROLL CALL**

**Members Present:**

Rep. Christine Kaufmann, Chairman (D)  
Sen. Dan Weinberg, Vice Chairman (D)  
Sen. John Cobb (R)  
Rep. Joey Jayne (D)  
Sen. Greg Lind (D)  
Rep. Penny Morgan (R)

**Members Excused:** Rep. Walter McNutt (R)

**Members Absent:** None.

**Staff Present:** Pat Gervais, Legislative Branch  
Laura Good, Committee Secretary  
Lois Steinbeck, Legislative Branch

**Please Note.** These are summary minutes. Testimony and discussion are paraphrased and condensed.

**CHAIR REP. CHRISTINE KAUFMANN, HD 81, HELENA,** called the meeting to order.

**Ms. Joyce De Cunzo, Administrator, Addictive and Mental Disorders Division (AMDD),** continued with the AMDD division overview. She discussed population, daily census, admissions, licensed capacity, and funding issues as noted in the Budget Analysis on Page B-197.

**Ms. Lou Thompson, Bureau Chief, Mental Health Services Bureau,** provided information about AMDD's extensive data collection on characteristics of Montana State Hospital's (MSH) admitted consumers and discharged consumers, and provided composites.

**SEN. DAN WEINBERG, SD 2, WHITEFISH,** questioned why 80% of court-ordered and emergency detention consumers come from six specific counties: Deer Lodge, Gallatin, Clark, Lewis & Clark, Missoula, and Silver Bow.

**Ms. Thompson** allowed that this statistic is due in large part to the proximity of these counties to MSH.

**Ms. Lois Steinbeck** requested information on the number of inappropriately referred commitments at MSH.

*{Tape: 1; Side: A; Approx. Time Counter: 11.8}*

**Ms. Thompson** did not have this information.

**REP. JOEY JAYNE, HD 15, ARLEE,** asked for information on the number of MSH consumers who receive long-term MSH care.

Following Ms. Thompson's presentation, **Ms. De Cunzo** continued with the AMDD overview, referring the committee to admissions, capacity, and funding issues presented on Pages 21 and 22 of the AMDD Overview.

**EXHIBIT(jhh13a01)**

**Ms. De Cunzo** went on to discuss the high number of emergency and court-ordered detention commitments, who remain at MSH for only a few days and receive a high number of high cost services, including evaluation, assessment and stabilization prior to community return.

**SEN. GREG LIND, SD 50, MISSOULA,** asked if these commitments differ from forensic commitments.

**Ms. De Cunzo** confirmed that they differ from forensic commitments.

**SEN. LIND** surmised that the referring entity or jurisdiction pays for an emergency and/or court-ordered detention commitment's MSH care costs.

***{Tape: 1; Side: A; Approx. Time Counter: 21.8}***

**Ms. De Cunzo** stated that they do not; rather, MSH covers such individuals' commitment costs with general fund monies.

**Ms. De Cunzo** continued to Page 23 of Exhibit 1, discussing further census and admissions issues and touching on the importance of the Program of Assertive Community Treatment (PACT), which redirected a number of MSH consumers to community based care.

Regarding inappropriate admissions or commitments, **Ms. De Cunzo** noted that such situations often depend on the limited range of other resources available to an individual. She stated that the development of community services would help the state to meet an individual's needs in the most appropriate and timely way, without an initial and sometimes unnecessary referral to MSH.

***{Tape: 1; Side: B}***

**SEN. WEINBERG** asked how far along AMDD is, in its development of community services.

**Ms. De Cunzo** offered that AMDD is in the process of implementing and further developing community-based AMDD models whose goal is to help consumers focus on illness management and receive care in their own communities. She described the PACT and Service Area Authorities (SAA) initiatives, and reported on AMDD's training and education for providers.

**REP. JOEY JAYNE, HD 15, ARLEE**, charged AMDD to explain how it plans to reach the 49% of Montanans who have no access to community mental health services.

**Ms. De Cunzo** could not provide an answer to this question.

**SEN. LIND** requested further information on funding for emergency and court-ordered detentions.

**Ms. De Cunzo** told the committee that counties pay the pre-commitment cost for emergency and court-ordered detention commitments. Counties pay directly to the general fund, which has

already appropriated a fixed amount to MSH for emergency and court-ordered detention commitments.

***{Tape: 1; Side: B; Approx. Time Counter: 18.7}***

**Ms. De Cunzo** then pointed the committee to the chart on Page 14 of Exhibit 1, which covers AMDD revenue collection.

Next, **Ms. De Cunzo** offered several anecdotes about individuals for whom PACT participation led to excellent illness management and significant advances in independent living skills. She characterized PACT as the gold-standard of community care for individuals with long-standing and extreme mental illnesses.

**Ms. De Cunzo** stated that Decision Package (DP) 51 would expand PACT from 140 to 350 slots. She noted that the number of slots does not indicate the number of persons served, but rather the number of places in the program that might be filled by new consumers filling spots vacated by exiting consumers.

**Ms. De Cunzo** noted that PACT currently operates in Helena, Billings, Missoula, Great Falls, and Kalispell, and that the program hopes to find more Medicaid-eligible participants.

***{Tape: 1; Side: B; Approx. Time Counter: 24.4}***

**Ms. Steinbeck** interjected, pointing committee members to Page B-214, which details PACT expansion and allocation of slots among funding sources. She agreed that one of AMDD's challenges is identifying enough Medicaid-eligible individuals discharged from MSH to join PACT and reported that AMDD has undertaken a number of initiatives to help Medicaid-eligible individuals enroll in order to take advantage of such programs. She also noted that if the committee accepts the DP exactly as it is included in the Executive Budget, the majority of PACT slots will remain open to Medicaid-eligible consumers only.

**CHAIR KAUFMANN** judged that if the committee agreed to expand the number of PACT slots, there was no guarantee that AMDD would be able to identify enough Medicaid-eligible individuals to fill them.

**Ms. De Cunzo** confirmed that this was true.

***{Tape: 2; Side: A}***

**REP. JAYNE** petitioned AMDD for more information about strides that may have been made in educating district court judges about care alternatives to MSH.

**Ms. De Cunzo** stated that even better than education for district court judges would be greater community mental health services, whereby AMDD could identify and care for mentally ill individuals before they committed crimes.

**SEN. JOHN COBB, SD 9, AUGUSTA,** asked Ms. De Cunzo how confident she was that AMDD could spearhead and implement a PACT expansion.

**Ms. De Cunzo** voiced the entire division's overwhelming confidence, citing a number of PACT teams that are prepared to offer immediate care to consumers.

**SEN. COBB** asked how many people are on the PACT waiting list.

**Mr. Bob Mullen, AMDD,** stated that AMDD projects consumers in Kalispell, Missoula and Great Falls will fill all 70 slots created through current PACT expansion plans. AMDD believes that 80% of these consumers will be Medicaid-eligible, and hopes that 20% will be Mental Health Services Program eligible (MHSP). One challenge in regards to MHSP slots is that MHSP PACT participants are required to pay their own room and board while involved in the program, but are at an income level only slightly above those covered by Medicaid.

*{Tape: 2; Side: A; Approx. Time Counter: 11.6}*

**Mr. John Lynn, Deputy Director of Western Montana Mental Health Center,** reported that case management programs are integral in helping individuals determine their Medicaid eligibility and complete enrollment.

**Ms. Steinbeck** assured the audience and attending members of the Governor's Budget Office that neither the Department of Health and Human Services (DPHHS) nor the committee intend to take advantage of Medicaid eligibility, but rather hope to connect all Medicaid-eligible Montanans with programs that might be of help to them.

**Ms. De Cunzo** asked the committee to turn to Page 26 of Exhibit 1 for more information regarding PACT enrollees.

**REP. JAYNE** asked Ms. De Cunzo how many Native Americans are enrolled in PACT.

**Ms. De Cunzo** agreed to seek out this information and provide it for the committee. She went on to confirm for **CHAIR KAUFMANN** that under the PACT program, mental health consumers live independently and receive intensive services from a team of nine to ten staff members. In response to **SEN. COBB**, she noted that PACT costs \$42 per day per participant.

**Ms. Steinbeck** remarked on the difficulty of aggregating total costs across state systems for mentally ill individuals, who routinely receive services from an array of departments, agencies and programs.

**SEN. COBB** requested further clarification of PACT's mission.

**Ms. De Cunzo** replied that PACT provides continuous, community-based illness management and therapy so that mentally ill individuals can develop and succeed in implementing independent life skills.

*{Tape: 2; Side: B}*

**Ms. Thompson** explained that a PACT team can include a psychiatrist, a licensed clinical psychologist or social worker, a vocation rehabilitation specialist, a licensed addiction counselor, a targeted case manager, and other professionals.

**Ms. Thompson** confirmed Montana's chronic shortage of psychiatrists, and noted that non-competitive compensation is one of the major contributing factors.

*{Tape: 2; Side: B; Approx. Time Counter: 2.9}*

**REP. JAYNE** asked if chemical dependency help and family support are offered to PACT participants.

**Ms. Thompson** stated that chemical dependency help is offered to PACT participants.

**Ms. De Cunzo** initiated discussion on crisis stabilization services and facilities, noting that most crisis facilities in Montana are not secure, and thus cannot offer services to emergency, involuntary or court-ordered detention commitments. Because of this, counties, courts and municipalities turn to MSH's secure facilities.

**Ms. De Cunzo** stated that development of other secure crisis stabilization facilities would allow counties, municipalities and courts to stabilize individuals locally, rather than allocating staff time and transportation monies to take individuals to MSH.

**Ms. De Cunzo** stated that AMDD has money in its current budget to develop one crisis stabilization pilot program.

**Mr. Mullen** confirmed this, asserting that this approximately \$1 million will be drawn from the base budget.

***{Tape: 2; Side: B; Approx. Time Counter: 18.4}***

**Ms. Steinbeck** offered a detailed account of MHSP's evolution from fee-for-services funding to fixed cost funding.

**Mr. Mullens** referred the committee to Slide 75, Page 38 of Exhibit 1 for information regarding MHSP's intended use plan.

***{Tape: 3; Side: A}***

**Ms. De Cunzo** directed the committee to Page 28 of Exhibit 1 to overview information on Intensive Community Based Rehabilitation (ICBR).

**CHAIR KAUFMANN** asked if this program receives a portion of I-149 monies that Governor Schweitzer added after the Alliance group met.

**Ms. Steinbeck** stated that funds for seven Intensive Community Based Rehabilitation beds come out of the Director's Office funds, which also covers provider rate increases and two Medicaid expansions for AMDD, including 105 Home and Community Based waiver slots, the premium tax credit for health insurance, and the wraparound prescription drug program.

She advised the committee that if they wish to confirm ICBR Decision Packages (DP's), they should consider creating stand-alone decision packages within the budget so that the DP's would roll up into AMDD instead of the Director's Office.

**Ms. Steinbeck** also said that the committee would likely take Executive Action on I-149 as a package, and move the aforementioned proposals into AMDD at that time.

***{Tape: 3; Side: A; Approx. Time Counter: 12.3}***

**Ms. De Cunzo** went on to discuss development of the Home and Community-Based Waiver program, as well as legislation related to this waiver. She then directed the committee to Page 29 for an overview of Co-occurring Treatment and Service Area Authorities (SAA's).

**SEN. WEINBERG** requested clarification regarding the risk-bearing aspects of the SAA's.

*{Tape: 3; Side: A; Approx. Time Counter: 18.6}*

**Ms. De Cunzo** stated that the SAA's were originally slated to shoulder some financial risk-bearing responsibilities, but were revised so as not to include this stipulation. This revision has made it easier for each of the SAA's to pursue incorporation under 501(c)(3) status.

**Ms. De Cunzo** elaborated on the definition and scope of the SAA's, and described how SB 347, SB 94 and SB 42 affected and clarified aspects of both the SAA's and the Kids' Management Authorities (KMA's).

*{Tape: 3; Side: B}*

**REP. JAYNE** asked if SB 42 was a fiscal note or a tool for policy change.

**Ms. De Cunzo** stated that SB 42 was a tool for policy change. She could not comment on whether or not it included a fiscal note. In response to a question from **SEN. WEINBERG**, **Ms. De Cunzo** confirmed that of the four established SSA's, only the Central SAA is up and running.

**Ms. De Cunzo** then led the staff through a discussion of regional staffing, referring them to Page 32 of Exhibit 1. She noted AMDD's request for five additional field staff to assist in community services development and provision.

**SEN. COBB** suggested that in moving to fill these staffing requests, the committee include a line-item noting that funds appropriated for these positions must be used in-full for such and not diverted to vacancy savings.

**Ms. Steinbeck** said that to ensure the funds are not diverted to vacancy savings, the committee would have to include language in statute, as line-item appropriations without language governing their use can still be moved and expended with executive discretion.

Responding to questions from **REP. JAYNE**, **Ms. De Cunzo** deferred to Mr. Mullen, who discussed funding specifics for DP 70.

*{Tape: 3; Side: B; Approx. Time Counter: 19.2}*



**SEN. WEINBERG** requested the Division's comments regarding how more staff might facilitate increased communication between the SAA's and AMDD.

**Ms. De Cunzo** clarified that the request for additional staff is not related to an attempt at increasing communication between the SAA's and AMDD. Rather, additional staff would help AMDD assume the duties that were formerly allocated to SAA's, including administrative work regarding the development of SAA-recommended mental health services. She also commented on AMDD's reasons for transfer of funds from Crisis Management to field staff allocation.

*{Tape: 3; Side: B; Approx. Time Counter: 26.8}*

**SEN. LIND** asked if there were positions on the acute care side that are analogous to the proposed field staff positions.

**Ms. De Cunzo** stated that no such positions exist on the acute care side, but that they do exist under KMA. Responding to a question from **SEN. COBB**, **Ms. De Cunzo** confirmed that AMDD is the only division that does not have field staff in the community.

*{Tape: 4; Side: A; Approx. Time Counter: 2.5}*

**Ms. Steinbeck** addressed a misprint in the funding proposal.

**Ms. De Cunzo** then introduced discussion of current legislation that is pertinent to AMDD issues, details of which are available on Page 32 of Exhibit 1.

**SEN. WEINBERG** requested more information on MSH pre-admission screening.

**Ms. De Cunzo** related that for MSH pre-admission, a consumer receives evaluation from a mental health professional, who makes a care recommendation to the court. Under AMDD's new proposal, the mental health professional would be required to discuss the consumer's situation with an MSH representative prior to making the care recommendation, so that the consumer could receive the most appropriate and timely service provision.

**REP. JAYNE** asked how the proposed process change would work with tribal judges and reservation legal systems.

**Ms. De Cunzo** deferred to **Mr. Ed Amberg, Administrator, MSH**, who stated that the proposal would bring no or little change to most MSH admissions, including tribal admissions.

**REP. JAYNE** followed up, asking if there are enforcement provisions for SB 52.

***{Tape: 4; Side: A; Approx. Time Counter: 15.9}***

**Mr. Amberg** stated that there are no enforcement provisions for SB 52. He also noted that SB 52 forbids MSH from denying services to any individual.

**Ms. De Cunzo** asked the committee to turn to Pages 62 through 65 for an overview of AMDD's Strategic Planning Process. She informed the committee that due to staffing shortages, the Planning Process does not include new initiatives for chemical dependency programs.

Next, **Ms. Joan Cassidy, Bureau Chief, Chemical Dependency Bureau**, presented the AMDD Chemical Dependency Bureau Comprehensive Plan.

**EXHIBIT** (jhh13a02)

***{Tape: 4; Side: B}***

**CHAIR KAUFMANN** suggested that Ms. Steinbeck review AMDD DP's.

**Ms. Steinbeck** pointed the committee to Pages B-205, B-209 (Present Law Adjustments), B-210 (New Proposals), B-211 (Mental Health component), and B-219 (Addiction Treatment component) in the Budget Analysis. She also discussed Page B-213, Figure 65, DP 19; Page B-214, Figure 66; Page B-213 NP8; Page B-215, Figure 67, DP 62; Page B-215, DP 63; Page B-216, DP 126; and Page B-218, DP 86.

**Ms. Gervais** provided the committee with the Legislative Fiscal Division's Budget Analysis for Governor Schweitzer's Budget, for their perusal.

**EXHIBIT** (jhh13a03)



**ADJOURNMENT**

Adjournment: 12:05 A.M.

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REP. CHRISTINE KAUFMANN, Chairman

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LAURA GOOD, Secretary

CK/LG

Additional Exhibits:

**EXHIBIT ([jhh13aad0.PDF](#))**